

chronic hand eczema

DISEASE BURDEN
AND MANAGEMENT

LEO

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What is chronic hand eczema?

Chronic Hand Eczema (CHE) is an inflammatory skin disease defined as HE that persists for **>3 months** or **recurs ≥2 times within 1 year.**[1] It is characterized by the key symptoms of itch and pain. Signs include erythema, scaling, edema, lichenification, hyperkeratosis, vesicles, and fissures.[1]

Several risk factors for CHE have been identified[1]

Biological factors

- Atopic dermatitis
- Low age at onset of HE
- Genetic predisposition
- Contact allergy

Environmental factors

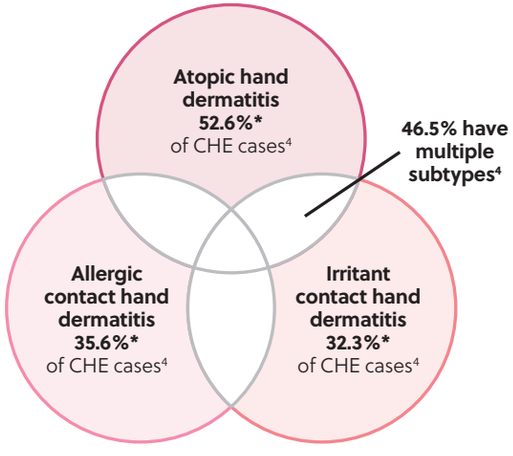
- Frequent handwashing
- Occupational or domestic exposure (prolonged exposure to irritants)
- Climate (cold/dry conditions)

Lifestyle factors

- Tobacco use
- Stress

CHE can be divided into several etiological and clinical subtypes[1-4]

Each subtype has a unique immune signature.[2] Etiological subtypes include atopic hand dermatitis (52.6%), allergic contact hand dermatitis (35.6%), irritant contact hand dermatitis (32.3%), and protein contact dermatitis.[4] Patients may exhibit features of more than one subtype, as 47% have multiple CHE subtypes.[4]



Morphological subtypes include acute recurrent vesicular HE (i.e., dyshidrotic HE, 21.9%), hyperkeratotic HE (17.4%), nummular HE, and pulpitis.[1-4]

*Percentages are from an online survey that included 982 patients in the US with self-reported physician-diagnosed CHE.[4]

Prevalence and burden of disease

CHE is a common skin disorder.

- The prevalence of CHE in the US is 9.6%[5]
- In certain high-risk occupations, prevalence can be up to 40%[1]
- Significant risk of long-term or chronic disease[6]

CHE can significantly impact QoL for patients and have significant socioeconomic consequences, including:[1,7]

- Severe impacts on daily activities[7]
- High emotional, social, and occupational burden[7]
- High cost of sick leave, loss in productivity, and loss of employment[1,7]

Disease recognition and diagnosis

CHE is a **heterogenous condition**, with **multifactorial etiologies** that may not correlate with clinical presentation.[1] Patients with CHE may present with a **combination** of signs and symptoms on hands and wrists.[1]

CHE signs and symptoms can fluctuate over time with periods of worsening described as flares.[3]

Diagnosis is typically based on:[1]

- Medical history
- Clinical exam
- Sometimes investigations can inform diagnosis (e.g., exposure assessment, patch testing)

Clinical tools to assess disease severity[8-11]

HECSI	**Hand Eczema Severity Index**[8,9]	Validated tool for HE Measures the intensity of 6 clinical signs and extent of involvement on 5 areas of the hand	75% improvement from baseline in HECSI (HECSI-75) reflects a clinically meaningful improvement for patients
IGA-CHE	**Investigator's Global Assessment of CHE**[10,11]	Validated CHE-specific tool 5-point scale ranging from 0 (clear) to 4 (severe)	1-point improvement in IGA–CHE score reflects a clinically meaningful improvement for patients

Patient-reported tools to assess impacts on QoL[12-14]

DLQI	**Dermatology Life Quality Index**[12]	Validated tool used across dermatological conditions Consists of 10 questions on QoL impacts	
HESD	**Hand Eczema Symptom Diary**[13]	Validated CHE-specific tool 6-item measure assessing the severity of key symptoms (itch, pain, cracking, redness, dryness, and flaking)	4-point improvement in HESD score (weekly average) reflects a clinically meaningful improvement for patients
HEIS	**Hand Eczema Impact Scale**[14]	Validated CHE-specific tool 9-item (across 5 domains) measure assessing the QoL impacts of CHE on daily activities, sleep, work, as well as embarrassment and frustration due to their disease	

What are the treatment approaches?[1,2]

■ **Preventative measures**	Basic skin care, emollients, reduce exposure to triggers
■ **Topical therapies**	Topical pan-JAK inhibitor (FDA approved), non-steroidals, TCS & TCI (not FDA approved for CHE)
■ **Phototherapy**	UVB (not FDA approved for CHE)
■ **Systemic therapies**	No current FDA-approved systemic therapies for CHE

Currently, TCS are recommended as the short-term, first-line treatment for CHE.[1] TCS use has shown limited efficacy with long-term intermittent application and has been associated with adverse events, such as dermal atrophy and tachyphlaxis.[1,2] A real-world study showed a notable subset of patients with CHE continue to experience itch, pain, and sleep disturbance despite treatment with TCS and about 75% of TCS-treated patients have used more than one different type of TCS.[15]

Scan to learn more about the only FDA-approved treatment for moderate to severe CHE in adults for whom TCS are inadequate or inappropriate.
https://bit.ly/3ZqYKdl

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FOR QUESTIONS

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Abbreviations

CHE, Chronic Hand Eczema; DLQI, Dermatology Life Quality Index; FDA, Food and Drug Administration; HE, hand eczema; HECSI, Hand Eczema Severity Index; HEIS, Hand Eczema Impact Scale; HESD, Hand Eczema Symptom Diary; IGA-CHE, Investigator Global Assessment of Chronic Hand Eczema; JAK, Janus kinase; QoL, quality of life; TCI, topical calcineurin inhibitors; TCS, topical corticosteroids; UVB, ultraviolet B.

References

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